



## Pre-authorized Debit Plan Cancellation Form

**Name on Account:** *(Name or names of Payors)* \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Effective Date of Cancellation:** \_\_\_\_\_

I/ We would like to cancel my/our authority for Eastern Ontario Power to withdraw payments for my/our electricity account through the Pre-authorized Debit Plan.

I/ We acknowledge that this cancellation does not terminate any other obligation I/we have with Eastern Ontario Power for payment of electricity invoices. I/ We understand that payments after the effective date of cancellation will be required in the form of Interac, cheque, money order, credit card.

**Signed:** \_\_\_\_\_  
**(Payor)**

*Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this Cancellation Notice.*

**Witnessed by:** \_\_\_\_\_  
*(EOP representative)*

**Date:** \_\_\_\_\_